

Name of Person Filing Document:

Your Address:

Your City, State, and Zip Code:

Your Telephone Number

Attorney Bar Number (if applicable):

Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner/Plaintiff.

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Respondent/Defendant.

**SUPPLEMENTAL APPLICATION FOR  
WAIVER OR FURTHER DEFERRAL  
OF COURT FEES AND/OR COSTS**

STATE OF ARIZONA        )

COUNTY OF \_\_\_\_\_ )<sup>ss</sup>

**STATEMENTS MADE TO THE COURT UNDER OATH.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

1. I am requesting a waiver of any unpaid fees and/or costs in my case.

A. The basis for the waiver request is:

- ☐ I receive governmental assistance from the state/federal program(s) checked below:
- ☐ Temporary Assistance to Needy Families (TANF)    ☐ Food Stamps
- ☐ Supplemental Security Income (SSI)                      ☐ General Assistance (GA)

IF YOU CHECKED ONE OF THE BOXES ABOVE, go directly to the end of the last page and date and sign the Application. You do not need to complete other parts of this form.

OR

B. The basis for the waiver request is:

- ☐ My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court. You must fill out the Financial Questionnaire below.

To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (To see if you qualify, a table showing 150% of the poverty levels by family size is attached.) Gross monthly income includes your share of community property income if available to you.
2. If your income exceeds 150% of the poverty level, but you have proof of extraordinary expenses, including medical expenses, costs of care for elderly or disabled family members or other expenses that the court finds are extraordinary and that reduce your gross monthly income to at or below 150%

of the poverty level.

OR

IF NONE OF THE ABOVE REASONS APPLY, you do not qualify for a waiver at this time. However, you may request a further deferral of court fees and/or costs for good cause shown. If granted, the court will establish a schedule for you to make payments.

2. I am requesting a further deferral of any unpaid fees and/or costs in my case. The basis for my request is:

☐

I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. Explain. \_\_\_\_\_

You must fill out the Financial Questionnaire below.

### FINANCIAL QUESTIONNAIRE

**SUPPORT RESPONSIBILITIES:** List the individuals who you support (including paying child support and/or spousal maintenance):

NAME

RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### STATEMENT OF INCOME AND EXPENSES

**ASSISTANCE:** I receive assistance from:

☐

Arizona Health Care Cost Containment System (AHCCCS)

☐

Arizona Long Term Care System (ALTCs)

☐

Other (explain): \_\_\_\_\_

**MONTHLY INCOME:** My monthly income is:

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employed since (month/year): \_\_\_\_\_

Monthly gross income: \$ \_\_\_\_\_

Other current monthly income, including spousal maintenance, retirement, rental, interest, pensions, scholarships, grants, royalties, lottery winnings (explain amount and source):

\$ \_\_\_\_\_

My spouse's monthly gross income (if available to me): \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:**

\$ \_\_\_\_\_

**MONTHLY EXPENSES AND DEBTS:** My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____
Explain:		
Other payments & debts	\$ _____	\$ _____
Explain:		

Food/Household supplies	\$ _____
Utilities/Telephone	\$ _____
Clothing	\$ _____
Medical/Dental/Drugs	\$ _____
Health Insurance	\$ _____
Nursing care	\$ _____
Laundry	\$ _____
Child Support	\$ _____
Child Care	\$ _____
Spousal Maintenance	\$ _____
Car Insurance	\$ _____
Gasoline/Bus Fare	\$ _____
Contributions to Employer or Other Retirement Account	\$ _____

**TOTAL MONTHLY PAYMENTS** \$ \_\_\_\_\_

**STATEMENT OF ASSETS:** Equity is defined as market value minus any liens or loans. List only those assets available to you and accessible without financial penalty.

	<b>ESTIMATED VALUE</b>
Cash and Bank Accounts	\$ _____
Credit Union Accounts	\$ _____
Equity in:	
1. Home	\$ _____
2. Other property	\$ _____
3. Cars/other vehicles	\$ _____
Other, including stocks, bonds, etc.	\$ _____
Retirement Accounts	\$ _____

**TOTAL ASSETS:** \$ \_\_\_\_\_

**EXTRAORDINARY EXPENSES:** Other facts that support this application are: (For example, describe and provide proof of unusual medical needs, financial hardship, costs of care of elderly or disabled family members)

<b>DESCRIPTION</b>	<b>AMOUNT</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL EXTRAORDINARY EXPENSES** \$ \_\_\_\_\_

**SIGNATURE UNDER PENALTY OF PERJURY**

**Today's Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Print Your Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Name of Petitioner/Plaintiff.** \_\_\_\_\_

**ORDER ON SUPPLEMENTAL APPLICATION (AFTER HEARING)**

- ☐ The applicant is an incarcerated felon and this is not a domestic relations action.
2. ☐ **WAIVER OF PAYMENT IS GRANTED** for unpaid fees and/or costs in the amount of \$\_\_\_\_\_.
3. ☐ **WAIVER IS DENIED.** The applicant does not meet the financial criteria for waiver because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- A waiver **MUST BE** granted if the eligibility requirements listed in Finding #1 are met.
4. ☐ **FURTHER DEFERRAL IS GRANTED** for unpaid fees and/or costs in the amount of \$\_\_\_\_\_. The following payment schedule is established:  
  
The applicant shall pay \$\_\_\_\_\_ each \_\_\_\_\_ (week, month etc.) until paid in full, beginning \_\_\_\_\_.
5. ☐ **FURTHER DEFERRAL DENIED** because the applicant has not demonstrated good cause.
6. ☐ **PAYMENT MUST BE MADE** within twenty (20) days of the date this Order is mailed or delivered to you.
7. **CONSENT JUDGMENT.** If your request for a waiver or further deferral was denied, a consent judgment for the full amount of unpaid fees and/or costs will be entered. You can avoid this by paying all unpaid fees and/or costs within twenty (20) days from the date this order was mailed or delivered to you.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer